

**"FEE ADDRESS" INDICATION FORM**

Address to:  
 Mail Stop M Correspondence  
 Director of the US Patent and Trademark Office  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**INSTRUCTIONS:** Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:

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Place Customer Number  
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**OR**

☒ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,002,136	10/330,923
6,760,085	10/082,823
6,724,537	10/268,512
6,795,613	10/273,683
6,717,733	10/330,410
7,145,590	10/327,218
7,139,139	10/359,108

Completed by (check one):

☐ Applicant/Inventor

☒ Attorney or Agent of record 30,175  
 (Reg. No.)

☐ Assignee of record of the entire interest. See  
 37 CFR 3.71. Statement under 37 CFR 3.73(b)  
 is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

  
 Signature

Timothy A. French  
 Typed or printed name

617-542-5070  
 Requester's telephone number

June 30, 2008  
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below \*.

☒ \*Total of 2 forms are submitted.

# Request for Customer Number

## Address to:

Mail Stop EBC  
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P.O. Box 1450  
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To the Commissioner of Patents

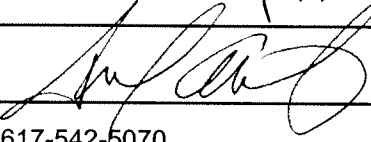
Please assign a Customer Number to the Address indicated below.

<b>Firm or Individual Name</b>	Nippon Sheet Glass Co., Ltd.				
<b>Address</b>	4-7-28, Kitahama, Chuou-ku, Osaka-shi				
<b>Address</b>					
<b>City</b>		<b>State</b>	Osaka	<b>ZIP</b>	541-8559
<b>Country</b>	Japan				
<b>Telephone</b>		<b>Fax</b>			

Please associate the following practitioner registration number(s) with the Customer Number assigned to the Address cited above.


☐ Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto

## Request Submitted by:

<b>Firm Name (if applicable)</b>	Fish & Richardson P.C.		
<b>Name of Person submitting request</b>	Timothy A. French		
<b>Signature</b>			
<b>Telephone Number</b>	617-542-5070	<b>Date</b>	6/30/2008